

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | VVR      |        | 09-20-01 |
| O.I.P.E. CLASSIFIER       | MSD      |        | 10/3/01  |
| FORMALITY REVIEW          | Ted      | 501147 | 10/19/01 |
| RESPONSE FORMALITY REVIEW | SG       | 1077   | 3/5/02   |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date       |
|----------------|------------|
| Final Original |            |
| 1              | 11/7-31-03 |
| 2              | ✓          |
| 3              | ✓          |
| 4              | ✓          |
| 5              | ✓          |
| 6              | ✓          |
| 7              | ✓          |
| 8              | ✓          |
| 9              | ✓          |
| 10             | ✓          |
| 11             | ✓          |
| 12             | ✓          |
| 13             | ✓          |
| 14             | ✓          |
| 15             | ✓          |
| 16             | ✓          |
| 17             | ✓          |
| 18             | ✓          |
| 19             | ✓          |
| 20             | ✓          |
| 21             | ✓          |
| 22             | ✓          |
| 23             | ✓          |
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| Claim          | Date       |
|----------------|------------|
| Final Original |            |
| 51             | 11/7-31-03 |
| 52             | ✓          |
| 53             | ✓          |
| 54             | ✓          |
| 55             | ✓          |
| 56             | ✓          |
| 57             | ✓          |
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| 90             | ✓          |
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| 92             | ✓          |
| 93             | ✓          |
| 94             | ✓          |
| 95             | ✓          |
| 96             | ✓          |
| 97             | ✓          |
| 98             | ✓          |
| 99             | ✓          |
| 100            | ✓          |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 101            |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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20876  
 10/19/04  
 947  
 03/05/02